

Workforce Development Committee

Wednesday, February 11, 2004

10am – 2pm

Wyndham Hotel, SeaTac, WA

Co-Chairs: Sue Grinnell, Cowlitz Co.; Jack Thompson, UW.

Members: Joan Brewster, DOH; ~~Charlene Crow Shambach, Snohomish~~; ~~Kathy Deuel, DOH~~; Dorothy Gist, DOH; Nancy Goodloe, Kittitas; Maryanne Guichard, DOH; ~~Vic Harris, Tacoma-Pierce~~; ~~Keith Higman, Island~~; ~~Vicki Kirkpatrick, WSALPHQ~~; Dennis Klukan, Yakima; ~~David Koch, DIS~~; Debbie Lee, DOH; Marianne Patton, Chelan-Douglas; ~~Marianne Seifert, SBOH~~; Margaret Shield, UW; SBOH Corinne Story, Skagit; Patty Swanson, Thurston; ~~Pam Walker, Clark~~. (Strikeout = absent from the meeting)

Staff: Marie Flake, DOH; Janice Taylor, DOH.

Topic	Description	Materials
<p>Scanning the Horizon</p> <p>Goal: WFD issues of potential interest to the Committee</p>	<p>Janice Taylor – Update & Discussion.</p> <p>PHEPR - Focus Area G – DOH is forming a workgroup to provide more input to Focus Area G.</p> <p>SARS Training – Discussion: What is needed?</p> <ul style="list-style-type: none"> • Info / training for partners and surge capacity staff • PPT that LHJs can use with health care staff from clinics – i.e. lunch seminar • Media / communications training • Psychosocial, mental health, how to handle worried well, and staff mental health / fear • Work through the existing PHEPR system to get training out • Include LHJs in delivering presentations as this will increase capacity, buy-in (increased acceptance when there is a local presenter). • Need checklists – things to do, people to talk to (i.e. law enforcement), what to say to them, etc. • Law enforcement – build on EH contacts from DOH clandestine drug labs work. • UW Epi team – formatting training – this may be useful to LHJs. 	
<p>Training Plan</p> <p>Goal: Develop a statewide training plan by summer 04 that will inform WFD recommendations in the 04 PHIP Report</p>	<p>Sue Grinnell & Janice Taylor – Update and discussion regarding current thinking on how this work will take shape. WFD Committee to provide guidance and input to the newly forming subcommittee. Please see related materials, available on the web.</p> <p>Per WFD Committee direction at the previous meeting, a Training Plan Subcommittee is being formed. Up to five projects are being considered as a part of the Training Plan Subcommittee work, each providing different data to inform the training plan or serving as a basis for implementing a portion of the training plan. These projects are further described in the Subcommittee Charter and other accompany materials:</p> <ul style="list-style-type: none"> • PHEPR Baseline Capacity Assessment data and qualitative updating of this data by RLS's. • Standards – Use measures that specify staff are to be training in a specific topic as a starting point for identifying / prioritizing training to be delivered. • Standards – Pilot test a method for groups , i.e. assessment coordinators, to review baseline data on one of the 	<ul style="list-style-type: none"> • Subcommittee Charter • Timeline • PHIP Public Health Competencies • PHEPR Sample Data • Standards Measures That Specify Training • Standards Assessment Data for Pilot Process

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	<p>Standard topic areas, i.e. assessment, and identify interventions, including training where appropriate, for improving performance.</p> <ul style="list-style-type: none"> • Program evaluation pilot project – Use the topic of program evaluation to identify and test factors in addition to training that are necessary to produce and sustain performance improvement. • Orientations – Update, and integrate where appropriate, the orientations for LHJ leaders (HO, PHND, Admin, EHD), and develop an orientation for assessment coordinators. <p>Discussion – Documenting training is an issue – LMS will be helpful here. We need training on “Plan-Do-Check-Act” Training is needed in how to research interventions. All staff should be CHES certified as this provides good planning and problem solving skills. Program evaluation pilot – is there a way to carry this through to “demonstrating performance” rather than just increasing knowledge?</p> <p>Prioritizing – Highest priority – Public Health 101; consider expanding orientations to cover this. Need a basic public health manual for all public health workers (i.e. all sailors receive the “Blue Jacket” manual). Want an orientation for health education staff.</p>	<ul style="list-style-type: none"> • Proposed Standards Self- Assessment Tool • Orientation Web Page www.doh.wa.gov/pho
Enumeration Goal: Describe the public health workforce	<p>Jack Thompson & Janice Taylor. Update and discussion regarding current thinking on data analysis and report development. Please see related materials, available on the web.</p> <p>Questions for the WFD Committee – How do you envision using this data? Which audiences should the report be written for? What report formats would be most useful?</p> <p>Discussion – General</p> <ul style="list-style-type: none"> • Need to write up methodology: especially for the anticipate national audience and the UW’s Six State WFD Network who are very interested in this topic. • Plan to make the survey instrument available to others. • Must explain why RS and CHES were not listed. • Anticipated local audiences: local and state elected officials; county economic development council; county work source boards; community colleges, etc. Could use these as “teaching opportunities” and develop a package of info for such groups that might include a brief introduction to what public health is, using the PHIP Communication work; and discussion of public health competencies. • Identify and highlight the unique expertise in LHJs. • Use to market public health to local elected officials and to national policy makers. • Need to manage expectations – people will want much more data. • Set in systems context – i.e. Core Functions of Public Health (what the governmental public health system is doing) and 10 Essential Public Health Services (what gov’t and community partners are doing). • The data and findings are absolutely dependant on each local context – i.e. in some communities, LHJ must provide a given services because there is no one else to do it; in other communities, a community partner 	<ul style="list-style-type: none"> • Priority Areas for Data Analysis • Notes from Editorial Meeting

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	<p>provides the given service.</p> <p>Data</p> <ul style="list-style-type: none"> • Each LHJ should receive their own data. • Check with Vince Schuler and Garry Rosenblat (UW Workforce Center) for suggestions on how to slice data, definitions of rural. If we use a different definition of rural, explain why. • Compare numbers in similar sized LHJs. <p>Findings</p> <ul style="list-style-type: none"> • Hope to learn if there are issues of maldistribution. 	
<p>LMS</p> <p>Goal: Select and implement an LMS for public health, statewide, by autumn 04.</p>	<p>Sue Grinnell & Janice Taylor. Update and description of process for selecting a vendor. Discussion regarding implementation phase of the work and subcommittee's role. Please see related materials, available on the web.</p> <p>Questions for the WFD Committee – Regarding implementation, what are some of the policy and other issues that will need to be addressed? Who should be included in planning the implementation?</p> <p>Policy questions to be addresses –</p> <ul style="list-style-type: none"> • For both state and local, who get access to which levels of the system, data, etc. i.e. to input a course, print reports, administrative privileges, etc. • Who can input a course? (i.e. law enforcement, colleges, others?) Who is responsible to input which courses? Will there be any quality control on courses in the system? Will there be any criteria on the types of courses to be included in the system? (How much of the training universe do we intend to capture?) • What would a new system / process look like where identification and evaluation of courses was shared across the statewide system? • How will LMS relate to the training plan? Link with competencies? Who will make these links? • How to capture table top exercises and other drills and exercises? • Issues of security, authentication, etc. • Ownership and governance – of the system; of the data. • How to include mandated trainings (i.e. trainings mandated by any given agency. Also, please don't make us input goal, objectives, etc for things like mandated drivers training). • What types of search functions to include: by competency, by date, location, topic, audience, etc. • How to capture other learning – i.e. on-line orientation. • How to manage addition "web links" – i.e on-line New York State Public Health 101 course – how do you get this to show up on an individuals "transcript" / learning record. • Need to develop guidelines to achieve consistency in how things are posted. • How to include academic courses – especially health education courses. • Establish a list of annual required courses for all public health worker / professionals (i.e. Core Functions, Update on RCW / WACs, Update on XYZ, Emergency....etc.) • Need training about the LMS and how to use. • Include Local Board of Health members as an audience? • Each LHJ should have an LMS Coordinator. • How to get staff to value training beyond their own topic / expertise area. How to motivate and incentivise people 	<ul style="list-style-type: none"> • Fact Sheet

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	<p>to broaden their learning?</p> <p>Who to include on the implementation workgroup –</p> <ul style="list-style-type: none"> • Representation from each WSALPHO Forum. Dennis Klukan volunteered for PHELF. • Representation from DOH program managers. • UW • RLS <p>Other Recommendations –</p> <p>PHIP Standards Committee – In the Administrative Capacities, beef up the measure on workforce development. It should specific a workforce development plan that includes the public health competencies and addresses mandated trainings.</p> <p>PHIP Finance Committee – Validate and find a reference for the concept that public safety workers (law enforcement, fire) spend approx 20% of their time in training as this reduces liability costs.</p>	
Six-state WFD Network: Web Conferencing	<p>Jack Thompson. Update and presentation, demonstration and discussion of iLinc (web conferencing).</p> <p>CDC Preparedness Centers, of which the NWPHP is one, recently participate in a “reverse site visit” with CDC. Jack was in Atlanta for this and DOH participate by conference call.</p> <p>The Six State WFD Network will be meeting in April. Committee members are welcome to attend. Please let Jack know if you would like information on this event.</p> <p>The Summer Institute is scheduled for the 1st week in August and will once again focus on emergency preparedness.</p> <p>The NWPHP just received a new grant to work with tribes. They plan to work through the Portland Area Indian Health Board to conduct an assessment of preparedness among tribes.</p> <p>Margaret Shield demonstrated iLinc, the new web conferencing system that the NWPHP has selected. Look for more demos in the near future and monthly “Hot Topic” presentations via iLinc, coming soon.</p>	
Leadership Development	<p>Jack Thompson. Update</p> <p>The first cohort of scholars will be graduating from the Northwest Public Health Leadership Institute (NWPHLI) in May. After a slow start, sufficient applications were accepted for cohort 2 and 27 new scholars have been enrolled in the program. 11 of 27 are from Washington. The scholars have already begun participating in the program via on-line work and conference calls. The first on-site session for cohort 2 will be in April.</p> <p>Funding is secure for cohort 2, but this may become an issue by next autumn when recruiting cohort 3.</p>	
Wrap-up and issues for next agenda	<p>Orientations – more detailed review and discussion</p> <p>Development of the concept of a “Blue Jacket Manual”.</p>	

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	In preparation for the June PHIP Steering Committee meeting and publication of the PHIP Report next autumn, the next WFD meeting will focus on identifying implications of the various WFD projects, broad policy issues, and generating some draft recommendations to consider for the next PHIP Report. Questions to ponder: What will all this WFD stuff (enumeration, LMS, training plan, web conferencing, orientations, etc...) look like when it is all put together? What will it mean? How will it be managed?	

WFD Communication Tools: <http://www.doh.wa.gov/hip/WorkforceDevelopment/default.htm>
2004 Meeting Dates: April 16; June 4; August 25, November 4.
Routine Meeting Place: Wyndham Hotel, 18118 Pacific Highway South, SeaTac, WA